•								Application or Docket Number					
	PATENT A	ID /											
		10001922											
CLAIMS AS FILED - PART'I								IALL EN	ПТҮ		OTHER	THAN	
(Column 1) (Column 2)								PE _		OR	SMALLE		
TOTAL CLAIMS 3, C								RATE	FEE		RATE	FEE	
FO	R		NUMBER F	ILED NUMBE		R EXTRA	ВА	ISIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	ጓሬ minus 20=		* /6			X\$ 9=		OR	X\$18=	4	
IND	EPENDENT CL	AIMS	€ mir	nus 3 =	*3			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			TOTAL		
CLAIMS AS AMENDED - PART II										OR	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							MALL	ENTITY	OR	SMALL		
⋖	CLAIMS REMAINING				EST BER				ADDI-			ADDI-	
L		AFTER AMENDMENT			OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
ZQ ZQ	Total	· <i>S</i> 3	Minus	# <i>3</i>	6	- 17		X\$ 9=		OR	X\$18=	306	
AMENDMENT	Independent	. 9	Minus	*** 6	>	• <u>3</u>		X42=		OR	XBA	288	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							⊦140=		OR	+280=		
											TOTAL	510	
		AD	TOTAL DIT. FEE		OR	ADDIT. FEE	OBY						
	(Column 1) (Column 2) (Column 3)								4501	1 1			
8		REMAINING		NUN	MBER IOUSLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT			FOR	EXTRA	_		FEE			FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
E	Independent	*	Minus	***		-		X42=		OR	X84=	·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 4.40			+280=		
	,							+140= TOTAL		OR			
l										OR	TOTAL ADDIT. FEE		
I	(Column 1) (Column 2) (Column 3)												
ပ		CLAIMS REMAINING			HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI-			ADDI-	
E	ŀ	AFTER AMENDMENT							TIONAL		RATE	TIONAL FEE	
100	Total	*	Minus	**		5		X\$ 9=		OR	X\$18=		
AMENDMENT C	Independent	•	Minus	***		e ·	1 -	X42=			X84=		
\	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7,46-	-	OR	- X045		
								+140=		OR	+280=	<u></u>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE											TOTAL ADDIT, FEE		
'	If the "Highest No	imber Previously (Paid For IN TH	IS SPACE	is less that	an 3. enter "3."			propriate bo	x in co			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													